

Element Count (required)	Form Name/Form Page (required)	Data Element # (required)	Name Field (required)	Field Label (required)	Field Description (required)	Data Type (required)	Required Y/N (required)	MinO (required)	MaxO (required)
1	SF424(R&R)/Page 1	SF424(R&R)-1	SubmissionTypeCode	TYPE OF SUBMISSION - Preapplication - Application -Changed/Corrected Application	Type of Submission: Preapplication Application Change/Corrected Application	LIST	Y	1	1
2	SF424(R&R)/Page 1	SF424(R&R)-2-1	SubmittedDate	DATE SUBMITTED	Date application submitted to Federal agency (or State if applicable)	DATE	N	0	1
3	SF424(R&R)/Page 1	SF424(R&R)-2-2	ApplicantID	APPLICANT IDENTIFIER	Applicant's control number (if applicable)	AN	N	0	1
4	SF424(R&R)/Page 1	SF424(R&R)-3-1	StateReceivedDate	DATE RECEIVED BY STATE	State use only (if applicable)	DATE	N	0	1
5	SF424(R&R)/Page 1	SF424(R&R)-3-2	StateID	STATE APPLICATION IDENTIFIER	State use only (if applicable)	AN	N	0	1
6	SF424(R&R)/Page 1	SF424(R&R)-4-1	FederalID	FEDERAL IDENTIFIER	The award number of an existing grant or cooperative agreement.	AN	N	0	1
7	SF424(R&R)/Page 1	SF424(R&R)-5-1	DUNSID	ORGANIZATIONAL DUNS	The DUNS or DUNS+4 number of the organization	AN	Y	1	1
8	SF424(R&R)/Page 1	SF424(R&R)-5-2	OrganizationName	LEGAL NAME (Applicant Organization)	Legal name of applicant	AN	Y	1	1
9	SF424(R&R)/Page 1	SF424(R&R)-5-3	DepartmentName	DEPARTMENT (Applicant Organization)	Name of primary organizational department, service, laboratory, or equivalent level within the organization which will undertake the assistance activity	AN	N	0	1
10	SF424(R&R)/Page 1	SF424(R&R)-5-4	DivisionName	DIVISION (Applicant Organization)	Name of primary organizational division, office, or major subdivision which will undertake the assistance activity	AN	N	0	1

List Values (required if Data Type = LIST)	MinL (optional)	MaxL (required)	Business Rules (required)	Linked Element (optional)	XML Schema Field Name (optional)	Order Sequence (required)	Group Name (required)
Preapplication Application Changed/Corrected Application	1	35	Radio Button Not a picklist, each has own checkbox		SubmissionTypeCode	1.00	SubmissionTypeCode
	0	DATE			Submitted Date	2.01	SubmittedDate
	0	30			globLib:ApplicantID	2.02	ApplicantID
	0	DATE			StateReceivedDate	3.01	StateReceivedDate
	0	30			StateID	3.02	StateID
	0	30	Federal Identifier should always be active. Required if ApplicationTypeCode = Renewal, Continuation, or Revision. Required if SubmissionTypeCode = Changed/Corrected Application		globLib:FederalID	4.01	FederalID
	1	13	If entered length is 9 than append '0000'		globLib:DUNSID	5.01	OrganizationInfo
	1	120			globLib:OrganizationName	5.02	OrganizationInfo
	0	30			globLib:DepartmentName	5.03	OrganizationInfo
	0	30			globLib:DivisionName	5.04	OrganizationInfo

Help Tip (optional)	Accessibility Text (optional)	Error Tip (optional)
<p>Select Type of Submission.</p> <p>If this submission is to change or correct a previously submitted application, check "Changed/Corrected Application" and enter the Grants.gov tracking number in the Federal Identifier field.</p> <p>Unless requested by the agency, applicants may not use this to submit changes after the closing date.</p>	<p>Select Type of Submission.</p> <p>If this submission is to change or correct a previously submitted application, check "Changed/Corrected Application" and enter the Grants.gov tracking number in the Federal Identifier field.</p> <p>Unless requested by the agency, applicants may not use this to submit changes after the closing date.</p>	
Enter the date the application is submitted to Federal agency (or State if applicable).	Enter the date the application is submitted to Federal agency (or State if applicable).	
Enter the applicant's control number (if applicable)	Enter the applicant's control number (if applicable)	
Enter the date received by state (if applicable)	Enter the date received by state (if applicable)	
Enter the state application identifier (if applicable).	Enter the state application identifier (if applicable).	
<p>New project applications should leave this field blank. If this is a continuation, revision, or renewal application, enter the assigned Federal Identifier number; e.g., award number.</p>	<p>New project applications should leave this field blank. If this is a continuation, revision, or renewal application, enter the assigned Federal Identifier number; e.g., award number.</p>	
Enter the DUNS or DUNS+4 number of the applicant organization.	Enter the DUNS or DUNS+4 number of the applicant organization.	
Enter legal name of applicant, which will undertake the assistance activity, enter the	Enter legal name of applicant, which will undertake the assistance activity, enter the	
Enter the name of primary organizational department, service, laboratory, or equivalent level within the organization which will undertake the assistance activity	Enter the name of primary organizational department, service, laboratory, or equivalent level within the organization which will undertake the assistance activity	
Enter the name of primary organizational division, office, or major subdivision which will undertake the assistance activity	Enter the name of primary organizational division, office, or major subdivision which will undertake the assistance activity	

Element Count (required)	Form Name/Form Page (required)	Data Element # (required)	Name Field (required)	Field Label (required)	Field Description (required)	Data Type (required)	Required Y/N (required)	MinO (required)	MaxO (required)
11	SF424(R&R)/Page 1	SF424(R&R)-5-5	OrganizationStreet1	STREET Address Line 1 (Applicant Organization)	Street address of the applicant	AN	Y	1	1
12	SF424(R&R)/Page 1	SF424(R&R)-5-6	OrganizationStreet2	STREET Address Line 2 (Applicant Organization)	Street address of the applicant	AN	N	0	1

List Values (required if Data Type = LIST)	MinL (optional)	MaxL (required)	Business Rules (required)	Linked Element (optional)	XML Schema Field Name (optional)	Order Sequence (required)	Group Name (required)
	1	55			globLib:Street1	5.05	OrganizationInfo
	0	55			globLib:Street2	5.06	OrganizationInfo

Help Tip (optional)	Accessibility Text (optional)	Error Tip (optional)
Enter first line of the street address in "Street1" field of the applicant. This field is required.	Enter first line of the street address in "Street1" field of the applicant. This field is required.	
Enter second line of the street address for the applicant in the "Street2" field. This field is optional.	Enter second line of the street address for the applicant in the "Street2" field. This field is optional.	

Element Count (required)	Form Name/Form Page (required)	Data Element # (required)	Name Field (required)	Field Label (required)	Field Description (required)	Data Type (required)	Required Y/N (required)	MinO (required)	MaxO (required)
13	SF424(R&R)/Page 1	SF424(R&R)-5-7	OrganizationCity	CITY (Applicant Organization)	City of the applicant	AN	Y	1	1
14	SF424(R&R)/Page 1	SF424(R&R)-5-8	OrganizationCounty	COUNTY (Applicant Organization)	County of the applicant	AN	N	0	1
15	SF424(R&R)/Page 1	SF424(R&R)-5-9	OrganizationState	STATE (Applicant Organization)	State of the applicant	LIST	N	0	1
16	SF424(R&R)/Page 1	SF424(R&R)-5-10	OrganizationZipCode	ZIP CODE (Applicant Organization)	Zip Code of the applicant	AN	N	0	1
17	SF424(R&R)/Page 1	SF424(R&R)-5-11	OrganizationCountry	COUNTRY (Applicant Organization)	Country of the applicant	LIST	Y	1	1
18	SF424(R&R)/Page 1	SF424(R&R)-5-12	ContactPrefixName	PREFIX (Contact Person)	Name prefix of the person to contact on matters related to this application	AN	N	0	1
19	SF424(R&R)/Page 1	SF424(R&R)-5-13	ContactFirstName	FIRST NAME (Contact Person)	First name of the person to contact on matters related to this application	AN	Y	1	1
20	SF424(R&R)/Page 1	SF424(R&R)-5-14	ContactMiddleName	MIDDLE NAME (Contact Person)	Middle name of the person to contact on matters related to this application	AN	N	0	1
21	SF424(R&R)/Page 1	SF424(R&R)-5-15	ContactLastName	LAST NAME (Contact Person)	Last name of the person to contact on matters related to this application	AN	Y	1	1
22	SF424(R&R)/Page 1	SF424(R&R)-5-16	ContactSuffixName	SUFFIX (Contact Person)	Name suffix of the person to contact on matters related to this application	AN	N	0	1
23	SF424(R&R)/Page 1	SF424(R&R)-5-17	ContactPhoneNumber	PHONE NUMBER (Contact Person)	Telephone number of the person to contact on matters related to this application	AN	Y	1	1
24	SF424(R&R)/Page 1	SF424(R&R)-5-18	ContactFaxNumber	FAX NUMBER (Contact Person)	Fax number of the person to contact on matters related to this application	AN	N	0	1
25	SF424(R&R)/Page 1	SF424(R&R)-5-19	ContactEmail	EMAIL (Contact Person)	Email address of the person to contact on matters related to this application	AN	N	0	1
26	SF424(R&R)/Page 1	SF424(R&R)-6-1	EmployerId	EMPLOYER IDENTIFICATION NUMBER (EIN OR TIN)	Employer Identification Number (EIN) as assigned by the Internal Revenue Service	AN	Y	1	1

List Values (required if Data Type = LIST)	MinL (optional)	MaxL (required)	Business Rules (required)	Linked Element (optional)	XML Schema Field Name (optional)	Order Sequence (required)	Group Name (required)
	1	35			globLib:City	5.07	OrganizationInfo
	0	30			globLib:County	5.08	OrganizationInfo
All Valid US State Codes	0	30	Combo box Required if the Country is US		globLib:State	5.09	OrganizationInfo
	0	30	Required if the Country is US		globLib:Zip Code	5.10	OrganizationInfo
ISO 3166 Country Codes. US is default.	1	3	Select box		globLib:Country	5.11	OrganizationInfo
Mr. Mrs., Miss, Ms.	0	10	Combo box		globLib:PrefixName	5.12	ContactPersonInfo
	1	35			globLib:FirstName	5.13	ContactPersonInfo
	0	25			globLib:MiddleName	5.14	ContactPersonInfo
	1	60			globLib:LastName	5.15	ContactPersonInfo
Jr., Sr., MD, PhD., JD	0	10	Combo box		globLib:SuffixName	5.16	ContactPersonInfo
	1	25			globLib:Phone	5.18	ContactPersonInfo
	0	25			globLib:Fax	5.19	ContactPersonInfo
	0	60	Validate that an '@' exists within string.		globLib:Email	5.20	ContactPersonInfo
	9	30	Agency specific element due to min length of 9.		EmployerID	6.00	EmployerID

Help Tip (optional)	Accessibility Text (optional)	Error Tip (optional)
Enter the city for address of applicant. This field is required.	Enter the city for address of applicant. This field is required.	
Enter the county for address of applicant.	Enter the county for address of applicant.	
Enter the State where the applicant is located. This field is required if the applicant is located in the United States.	Enter the State where the applicant is located. This field is required if the applicant is located in the United States.	
Enter the Postal Code (e.g., ZIP code) of applicant. This field is required if the applicant is located in the United States. This field is required if a State is selected; optional for Province.	Enter the Postal Code (e.g., ZIP code) of applicant. This field is required if the applicant is located in the United States. This field is required if a State is selected; optional for Province.	
Select the country for the applicant address.	Select the country for the applicant address.	
Enter the prefix (e.g., Mr., Mrs., Rev.) for the person to contact on matters related to this application.	Enter the prefix (e.g., Mr., Mrs., Rev.) for the person to contact on matters related to this application.	
Enter first (given) name of the person to contact on matters related to this application. This field is required.	Enter first (given) name of the person to contact on matters related to this application. This field is required.	
Enter the middle name of the person to contact on matters related to this application.	Enter the middle name of the person to contact on matters related to this application.	
Enter the last (family) name of the person to contact on matters related to this application. This field is required.	Enter the last (family) name of the person to contact on matters related to this application. This field is required.	
Enter the suffix (e.g., Jr, Sr, Phd) for the name of the person to contact on matters related to this application.	Enter the suffix (e.g., Jr, Sr, Phd) for the name of the person to contact on matters related to this application.	
Enter the daytime phone number for the person to contact on matters related to this application. This field is required.	Enter the daytime phone number for the person to contact on matters related to this application. This field is required.	
Enter the fax number for the person to contact on matters related to this application.	Enter the fax number for the person to contact on matters related to this application.	
Enter the e-mail address for the person to contact on matters related to this application.	Enter the e-mail address for the person to contact on matters related to this application.	
Enter either TIN or EIN as assigned by the Internal Revenue Service. If your organization is not in the US, type 44-4444444	Enter either TIN or EIN as assigned by the Internal Revenue Service. If your organization is not in the US, type 44-4444444	

Element Count (required)	Form Name/Form Page (required)	Data Element # (required)	Name Field (required)	Field Label (required)	Field Description (required)	Data Type (required)	Required Y/N (required)	MinO (required)	MaxO (required)
27	SF424(R&R)/Page 1	SF424(R&R)-7-1	ApplicantTypeCode	TYPE OF APPLICANT	Select the appropriate letter in the space provided: A. State Government B. County Government C. City or Township Government D. Special District Governments E. Independent School District F. State-Controlled Institution of Higher Education G. Native American Tribal Government (Federally Recognized) H. Public/Indian Housing Authority I. Native American Tribal Organization (other than Federally recognized) J. Nonprofit with 501C3 IRS status (other than Institution of Higher Education) K. Nonprofit without 501C3 IRS status (other than Institution of Higher Education) L. Private Institution of Higher Education M. Individual N. For-profit Organization (other than small business) O. Small Business P. Other (specify)	LIST	Y	1	1
28	SF424(R&R)/Page 1	SF424(R&R)-7-2	ApplicantTypeCodeOther Explanation	OTHER (SPECIFY)	If Other is selected in 7a, please provide text explanation	AN	N	0	1
29	SF424(R&R)/Page 1	SF424(R&R)-7-3	isWomenOwned	Women Owned	Check if you are a women-owned small business - a small business that is at least 51% owned by a woman or women, who also control and operate it."	Y/N	N	0	1
30	SF424(R&R)/Page 1	SF424(R&R)-7-4	isSociallyEconomicallyDis advantaged	Socially and Economically Disadvantaged	Check if you are a socially and economically disadvantaged small business, as determined by the U.S. Small Business Administration pursuant to section 8(a) of the Small Business Act U.S.C. 637(a)."	Y/N	N	0	1

List Values (required if Data Type = LIST)	MinL (optional)	MaxL (required)	Business Rules (required)	Linked Element (optional)	XML Schema Field Name (optional)	Order Sequence (required)	Group Name (required)
A: State Government B: County Government C: City or Township Government D: Special District Governments E: Independent School District F: State-Controlled Institution of Higher Education G: Native American Tribal Government (Federally Recognized) H: Public/Indian Housing Authority I: Native American Tribal Organization (other than Federally recognized) J: Nonprofit with 501C3 IRS status (other than Institution of Higher Education) K: Nonprofit without 501C3 IRS status (other than Institution of Higher Education) L: Private Institution of Higher Education M: Individual N: For-profit Organization (other than small business) O: Small Business P: Other (specify)	1	55			ApplicantTypeCode	7.01	ApplicantType
	0	50	Other Field remain grayed out unless they select "Other as the Applicant Type. Required if "Other" is selected as the Applicant Type.		ApplicantTypeCodeOtherExplanation	7.02	ApplicantType
	0	3	If Small Business Organization is selected above, please answer, but not required. Grayed out until Small Business Organization is selected. Not a picklist. Each is own checkbox		isWomenOwned	7.03	SmallBusinessOrganizationType
	0	3	If Small Business Organization is selected above, please answer but not required. Grayed out until Small Business Organization is selected. Not a picklist. Each is own checkbox		isSociallyEconomicallyDisadvantaged	7.04	SmallBusinessOrganizationType

Help Tip (optional)	Accessibility Text (optional)	Error Tip (optional)
Select the appropriate applicant type code.	Select the appropriate applicant type code.	
Complete only if "Other" is selected as the Type of Applicant.	Complete only if "Other" is selected as the Type of Applicant.	
Check if you are a women-owned small business - a small business that is at least 51% owned by a woman or women, who also control and operate it."	Check if you are a women-owned small business - a small business that is at least 51% owned by a woman or women, who also control and operate it."	
Check if you are a socially and economically disadvantaged small business, as determined by the U.S. Small Business Administration pursuant to section 8(a) of the Small Business Act U.S.C. 637(a)."	Check if you are a socially and economically disadvantaged small business, as determined by the U.S. Small Business Administration pursuant to section 8(a) of the Small Business Act U.S.C. 637(a)."	

Element Count (required)	Form Name/Form Page (required)	Data Element # (required)	Name Field (required)	Field Label (required)	Field Description (required)	Data Type (required)	Required Y/N (required)	MinO (required)	MaxO (required)
31	SF424(R&R)/Page 1	SF424(R&R)-8-1	ApplicationTypeCode	TYPE OF APPLICATION	Type of application - New - Resubmission - Renewal - Continuation - Revision	LIST	Y	1	1
32	SF424(R&R)/Page 1	SF424(R&R)-8-2	RevisionCode	IF REVISION, ENTER APPROPRIATE LETTER(S) IN BOX(ES)	If Revision is checked in 8a, specify award type A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify)	LIST	N	0	2
33	SF424(R&R)/Page 1	SF424(R&R)-8-3	RevisionCodeOtherExplanation	OTHER (SPECIFY)	Text block - explanation of "other."	AN	N	0	1

List Values (required if Data Type = LIST)	MinL (optional)	MaxL (required)	Business Rules (required)	Linked Element (optional)	XML Schema Field Name (optional)	Order Sequence (required)	Group Name (required)
New Resubmission Renewal Continuation Revision	1	12	Not a picklist, each has own checkbox Only allow one selection.		ApplicationTypeCode	8.01	ApplicationType
A: Increase Award B: Decrease Award C: Increase Duration D: Decrease Duration E: Other (specify)	0	2	Can select two. Checkbox Implementation Grayed-out until ApplicationTypeCode = Revision. Not a picklist. Each is own checkbox. Valid combinations are AC, AD, BC, BD, or E Enumerations in schema should include: A, B, C, D, E, AC, AD, BC, BD to enforce stricter validation.		RevisionCode	8.02	ApplicationType
	0	45	Required if RevisionCode = E. Other Grayed out until 'E' is selected for RevisionCode.		RevisionCodeOtherExplanation	8.03	ApplicationType

Help Tip (optional)	Accessibility Text (optional)	Error Tip (optional)
<p>Select the type from the following list. Check only one:</p> <p>New: An application that is being submitted to an agency for the first time.</p> <p>Resubmission: An application that has been previously submitted, but was not funded, and is being resubmitted for new consideration.</p> <p>Renewal: An application requesting additional funding for a period subsequent to that provided by a current award. A renewal application competes with all other applications and must be developed as fully as though the applicant is applying for the first time.</p> <p>Continuation: A non-competing application for an additional funding/budget period within a previously approved project period.</p> <p>Revision: An application that proposes a change in: 1) the Federal Government's financial obligations or contingent liability from an existing obligation; or, 2) any other change in the terms and conditions of the existing award.</p>	<p>Select the type from the following list. Check only one:</p> <p>New: An application that is being submitted to an agency for the first time.</p> <p>Resubmission: An application that has been previously submitted, but was not funded, and is being resubmitted for new consideration.</p> <p>Renewal: An application requesting additional funding for a period subsequent to that provided by a current award. A renewal application competes with all other applications and must be developed as fully as though the applicant is applying for the first time.</p> <p>Continuation: A non-competing application for an additional funding/budget period within a previously approved project period.</p> <p>Revision: An application that proposes a change in: 1) the Federal Government's financial obligations or contingent liability from an existing obligation; or, 2) any other change in the terms and conditions of the existing award.</p>	
<p>If a revision mark the appropriate box(es):</p> <p>A. Increase Award</p> <p>B. Decrease Award</p> <p>C. Increase Duration</p> <p>D. Decrease Duration</p> <p>E. Other</p> <p>If "Other" is selected, please specify in text box provided. May select more than one.</p>	<p>If a revision mark the appropriate box(es):</p> <p>A. Increase Award</p> <p>B. Decrease Award</p> <p>C. Increase Duration</p> <p>D. Decrease Duration</p> <p>E. Other</p> <p>If "Other" is selected, please specify in text box provided. May select more than one.</p>	
<p>If "other" is selected for Revision, add text to explain.</p>	<p>If "other" is selected for Revision, add text to explain.</p>	

Element Count (required)	Form Name/Form Page (required)	Data Element # (required)	Name Field (required)	Field Label (required)	Field Description (required)	Data Type (required)	Required Y/N (required)	MinO (required)	MaxO (required)
34	SF424(R&R)/Page 1	SF424(R&R)-8-4	isOtherAgencySubmission	Is this application being submitted to other agencies?	Is this application being submitted to other agencies?	Y/N	Y	1	1
35	SF424(R&R)/Page 1	SF424(R&R)-8-5	OtherAgencySubmissionExplanation	WHAT OTHER AGENCIES?	List other agencies where this application is being submitted	AN	N	0	1

List Values (required if Data Type = LIST)	MinL (optional)	MaxL (required)	Business Rules (required)	Linked Element (optional)	XML Schema Field Name (optional)	Order Sequence (required)	Group Name (required)
	1	3			isOtherAgencySubmission	8.04	ApplicationType
	0	20	Required if OtherAgencySubmission = Y. Grayed out until OtherAgencySubmission = Y.		OtherAgencySubmissionExplanation	8.05	ApplicationType

Help Tip (optional)	Accessibility Text (optional)	Error Tip (optional)
Check box if applicable.	Check box if applicable.	
Enter Agency name	Enter Agency name	

Element Count (required)	Form Name/Form Page (required)	Data Element # (required)	Name Field (required)	Field Label (required)	Field Description (required)	Data Type (required)	Required Y/N (required)	MinO (required)	MaxO (required)
36	SF424(R&R)/Page 1	SF424(R&R)-9	FederalAgencyName	NAME OF FEDERAL AGENCY	Name of Federal agency from which assistance is being requested with this application	AN	Y	1	1

List Values (required if Data Type = LIST)	MinL (optional)	MaxL (required)	Business Rules (required)	Linked Element (optional)	XML Schema Field Name (optional)	Order Sequence (required)	Group Name (required)
	1	60	Pre-populated from published opportunity		globLib:AgencyName	9.00	FederalAgencyName

Help Tip (optional)	Accessibility Text (optional)	Error Tip (optional)
Pre-filled	Pre-filled	

Element Count (required)	Form Name/Form Page (required)	Data Element # (required)	Name Field (required)	Field Label (required)	Field Description (required)	Data Type (required)	Required Y/N (required)	MinO (required)	MaxO (required)
37	SF424(R&R)/Page 1	SF424(R&R)-10-1	CFDANumber	CATALOG OF FEDERAL DOMESTIC ASSISTANCE (CFDA) NUMBER	Catalog of Federal Domestic Assistance number of the program under which assistance is requested	AN	N	0	1

List Values (required if Data Type = LIST)	MinL (optional)	MaxL (required)	Business Rules (required)	Linked Element (optional)	XML Schema Field Name (optional)	Order Sequence (required)	Group Name (required)
	0	15	Pre-populated from published opportunity		globLib:CFDANumber	10.01	CFDANumber

Help Tip (optional)	Accessibility Text (optional)	Error Tip (optional)
Pre-filled	Pre-filled	

Element Count (required)	Form Name/Form Page (required)	Data Element # (required)	Name Field (required)	Field Label (required)	Field Description (required)	Data Type (required)	Required Y/N (required)	MinO (required)	MaxO (required)
38	SF424(R&R)/Page 1	SF424(R&R)-10-2	ActivityTitle	TITLE (CFDA)	Catalog of Federal Domestic Assistance title of the program under which assistance is requested	AN	N	0	1
39	SF424(R&R)/Page 1	SF424(R&R)-11	ProjectTitle	DESCRIPTIVE TITLE OF APPLICANT'S PROJECT	Brief descriptive title of the project.	AN	Y	1	1
40	SF424(R&R)/Page 1	SF424(R&R)-12	Location	AREAS AFFECTED BY PROJECT (CITIES, COUNTIES, STATES, ETC.)	The largest political entities affected (e.g., State, counties, cities)	AN	Y	1	1
41	SF424(R&R)/Page 1	SF424(R&R)-13-1	ProposedStartDate	START DATE	Proposed Project Start Date	DATE	Y	1	1
42	SF424(R&R)/Page 1	SF424(R&R)-13-2	ProposedEndDate	ENDING DATE	Proposed Project End Date	DATE	Y	1	1
43	SF424(R&R)/Page 1	SF424(R&R)-14-1	ApplicantCongressionalDistrict	CONGRESSIONAL DISTRICT APPLICANT	Applicant's Congressional District	AN	Y	1	1
44	SF424(R&R)/Page 1	SF424(R&R)-14-2	ProjectCongressionalDistrict	CONGRESSIONAL DISTRICT PROJECT	The District where the project is to be performed.	AN	Y	1	1
45	SF424(R&R)/Page 1	SF424(R&R)-15-1	PD/PIPrefixName	PREFIX (PD/PI)	Prefix of the PD/PI	AN	N	0	1
46	SF424(R&R)/Page 1	SF424(R&R)-15-2	PD/PIFirstName	FIRST NAME (PD/PI)	First Name of the PD/PI	AN	Y	1	1
47	SF424(R&R)/Page 1	SF424(R&R)-15-3	PD/PIMiddleName	MIDDLE NAME (PD/PI)	Middle name of the PD/PI	AN	N	0	1
48	SF424(R&R)/Page 1	SF424(R&R)-15-4	PD/PILastName	LAST NAME (PD/PI)	Last name of the PD/PI	AN	Y	1	1
49	SF424(R&R)/Page 1	SF424(R&R)-15-5	PD/PISuffixName	SUFFIX (PD/PI)	Name suffix of the PD/PI	AN	N	0	1
50	SF424(R&R)/Page 1	SF424(R&R)-15-6	PD/PITitle	POSITION/TITLE (PD/PI)	PD/PI Title	AN	N	0	1
51	SF424(R&R)/Page 1	SF424(R&R)-15-7	PD/PIOrganizationName	ORGANIZATION NAME (PD/PI)	Name of organization for the PD/PI	AN	Y	1	1
52	SF424(R&R)/Page 1	SF424(R&R)-15-8	PD/PIDepartmentName	DEPARTMENT (PD/PI)	Name of primary organizational department, service, laboratory, or equivalent level within the organization of the PD/PI	AN	N	0	1
53	SF424(R&R)/Page 1	SF424(R&R)-15-9	PD/PIDivisionName	DIVISION (PD/PI)	Name of primary organizational division, office, or major subdivision of the PD/PI	AN	N	0	1
54	SF424(R&R)/Page 1	SF424(R&R)-15-10	PD/PIStreet1	STREET ADDRESS LINE 1 (PD/PI)	Street address of the PD/PI	AN	Y	1	1
55	SF424(R&R)/Page 1	SF424(R&R)-15-11	PD/PIStreet2	STREET ADDRESS LINE 2 (PD/PI)	Street address of the PD/PI	AN	N	0	1

List Values (required if Data Type = LIST)	MinL (optional)	MaxL (required)	Business Rules (required)	Linked Element (optional)	XML Schema Field Name (optional)	Order Sequence (required)	Group Name (required)
	0	120	Pre-populated from published opportunity		ActivityTitle	10.02	ActivityTitle
	1	200			ProjectTitle	11.00	ProjectTitle
	1	45			Location	12.00	Location
	DATE	DATE	ProposedStartDate should be less than ProposedEndDate		ProposedStartDate	13.01	ProposedProjectPeriod
	DATE	DATE	ProposedEndDate should be greater than ProposedStartDate		ProposedEndDate	13.02	ProposedProjectPeriod
	1	30			globLib:CongressionalDistrict	14.01	CongressionalDistrict
	1	30			globLib:CongressionalDistrict	14.02	CongressionalDistrict
Mr. Mrs., Miss, Ms.	0	10	Combo box	SF424(R&R)-5-12	globLib:PrefixName	15.01	PDPIContactInfo
	1	35		SF424(R&R)-5-13	globLib:FirstName	15.02	PDPIContactInfo
	0	25		SF424(R&R)-5-14	globLib:MiddleName	15.03	PDPIContactInfo
	1	60		SF424(R&R)-5-15	globLib:LastName	15.04	PDPIContactInfo
Jr., Sr., MD, PhD., JD	0	10	Combo box	SF424(R&R)-5-16	globLib:SuffixName	15.05	PDPIContactInfo
	0	45			globLib:Title	15.06	PDPIContactInfo
	1	120	Pre-populated from applicant information. Provide overwrite capability.	SF424(R&R)-5-2	globLib:OrganizationName	15.07	PDPIContactInfo
	0	30	Pre-populated from applicant information. Provide overwrite capability.	SF424(R&R)-5-3	globLib:DepartmentName	15.08	PDPIContactInfo
	0	30	Pre-populated from applicant information. Provide overwrite capability.	SF424(R&R)-5-4	globLib:DivisionName	15.09	PDPIContactInfo
	1	55	Pre-populated from applicant information. Provide overwrite capability.	SF424(R&R)-5-5	globLib:Street1	15.10	PDPIContactInfo
	0	55	Pre-populated from applicant information. Provide overwrite capability.	SF424(R&R)-5-6	globLib:Street2	15.11	PDPIContactInfo

Help Tip (optional)	Accessibility Text (optional)	Error Tip (optional)
Pre-filled	Pre-filled	
Enter a brief descriptive title of the project.	Enter a brief descriptive title of the project.	
List only the largest political entities affected by the project (e.g., State, counties, cities).	List only the largest political entities affected by the project (e.g., State, counties, cities).	
Enter the proposed start date of the project.	Enter the proposed start date of the project.	
Enter the proposed end date of the project.	Enter the proposed end date of the project.	
Enter the applicant's Congressional District.	Enter the applicant's Congressional District.	
Enter the Congressional District of the primary site where the project will be performed.	Enter the Congressional District of the primary site where the project will be performed.	
Enter the prefix (e.g., Mr., Mrs., Rev.) for the name of the Project Director.	Enter the prefix (e.g., Mr., Mrs., Rev.) for the name of the Project Director.	
Enter first name of the PD/PI. This field is required.	Enter first name of the PD/PI. This field is required.	
Enter the middle name of the Project Director.	Enter the middle name of the Project Director.	
Enter the last (family) name of the Project Director. This field is required.	Enter the last (family) name of the Project Director. This field is required.	
Enter the suffix (e.g., Jr, Sr, PhD) for the name of the PD/PI.	Enter the suffix (e.g., Jr, Sr, PhD) for the name of the PD/PI.	
Enter the title of the Project Director.	Enter the title of the Project Director.	
Enter the name of organization for the PD/PI	Enter the name of organization for the PD/PI	
Enter the name of primary organizational department, service, laboratory, or equivalent level within the organization of the PD/PI	Enter the name of primary organizational department, service, laboratory, or equivalent level within the organization of the PD/PI	
Enter the name of primary organizational division, office, or major subdivision of the PD/PI	Enter the name of primary organizational division, office, or major subdivision of the PD/PI	
Enter first line of the street address for the PD/PI in the "Street1" field. This field is required.	Enter first line of the street address for the PD/PI in the "Street1" field. This field is required.	
Enter second line of the street address for the PD/PI in "Street2" field. This field is optional.	Enter second line of the street address for the PD/PI in "Street2" field. This field is optional.	

Element Count (required)	Form Name/Form Page (required)	Data Element # (required)	Name Field (required)	Field Label (required)	Field Description (required)	Data Type (required)	Required Y/N (required)	MinO (required)	MaxO (required)
56	SF424(R&R)/Page 1	SF424(R&R)-15-12	PD/PICity	CITY (PD/PI)	City of the PD/PI	AN	Y	1	1
57	SF424(R&R)/Page 1	SF424(R&R)-15-13	PD/PICounty	COUNTY (PD/PI)	County of the PD/PI	AN	N	0	1
58	SF424(R&R)/Page 1	SF424(R&R)-15-14	PD/PIState	STATE (PD/PI)	State of the PD/PI	LIST	N	N	0
59	SF424(R&R)/Page 1	SF424(R&R)-15-15	PD/PIZipCode	ZIP CODE (PD/PI)	Zip Code of the PD/PI	AN	N	0	1
60	SF424(R&R)/Page 1	SF424(R&R)-15-16	PD/PICountry	COUNTRY (PD/PI)	Country of PD/PI	LIST	Y	1	1
61	SF424(R&R)/Page 1	SF424(R&R)-15-17	PD/PPhoneNumber	PHONE NUMBER (PD/PI)	Telephone number of PD/PI	AN	Y	1	1
62	SF424(R&R)/Page 1	SF424(R&R)-15-18	PD/PIFaxNumber	FAX NUMBER (PD/PI)	Fax number of PD/PI	AN	N	0	1
63	SF424(R&R)/Page 1	SF424(R&R)-15-19	PD/PEmail	EMAIL ADDRESS (PD/PI)	PD/PI Email Address	AN	Y	1	1
64	SF424(R&R)/Page 2	SF424(R&R)-16-1	TotalEstimatedAmount	PROJECT FUNDING TOTAL ESTIMATED PROJECT FUNDING (Project Period)	TOTAL Amount requested from the Federal Government during the entire project period.	\$	Y	1	1
65	SF424(R&R)/Page 2	SF424(R&R)-16-2	TotalfedNonfedrequested	PROJECT FUNDING TOTAL FEDERAL + NON-FEDERAL FUNDS (Project Period)	Total Federal + Non-Federal Funds for the entire project period.	\$	Y	1	1
66	SF424(R&R)/Page 2	SF424(R&R)-16-3	EstimatedProgramIncome	PROJECT FUNDING ESTIMATED PROGRAM INCOME (Project Period)	The Program Income estimated for the entire project period if applicable.	\$	Y	1	1

List Values (required if Data Type = LIST)	MinL (optional)	MaxL (required)	Business Rules (required)	Linked Element (optional)	XML Schema Field Name (optional)	Order Sequence (required)	Group Name (required)
	1	35	Pre-populated from applicant information. Provide overwrite capability.	SF424(R&R)-5-7	globLib:City	15.12	PDPIContactInfo
	0	30	Pre-populated from applicant information. Provide overwrite capability.	SF424(R&R)-5-8	globLib:County	15.13	PDPIContactInfo
All Valid US State Codes	0	30	Combo box Required if the Country is US Pre-populated from applicant information. Provide overwrite capability.	SF424(R&R)-5-9	globLib:State	15.14	PDPIContactInfo
	0	30	Required for US Only Pre-populated from applicant information. Provide overwrite capability.	SF424(R&R)-5-10	globLib:Zip Code	15.15	PDPIContactInfo
ISO 3166 Country Codes. US is default.	1	3	Select box. Pre-populated from applicant information. Provide overwrite capability.	SF424(R&R)-5-11	globLib:Country	15.16	PDPIContactInfo
	1	25			globLib:Phone	15.17	PDPIContactInfo
	0	25		SF424(R&R)-5-18	globLib:Fax	15.18	PDPIContactInfo
	1	60	Validate that an '@' exists within string.		globLib:EmailDataType	15.19	PDPIContactInfo
	1	15			TotalEstimatedAmount	16.01	EstimatedProjectFunding
	1	15			TotalfedNonfedrequested	16.02	EstimatedProjectFunding
	1	15			globLib:BudgetAmountDataType	16.03	EstimatedProjectFunding

Help Tip (optional)	Accessibility Text (optional)	Error Tip (optional)
Enter the City for address of the PD/PI. This field is required.	Enter the City for address of the PD/PI. This field is required.	
Enter the county for address of the PD/PI.	Enter the county for address of the PD/PI.	
Enter the State where the PD/PI is located. This field is required if the PD/PI is located in the United States.	Enter the State where the PD/PI is located. This field is required if the PD/PI is located in the United States.	
Enter the Postal Code (e.g., ZIP code) of the PD/PI. This field is required if the PD/PI is located in the United States.	Enter the Postal Code (e.g., ZIP code) of the PD/PI. This field is required if the PD/PI is located in the United States.	
Select the country for the PD/PI address.	Select the country for the PD/PI address.	
Enter the daytime phone number for the PD/PI. This field is required.	Enter the daytime phone number for the PD/PI. This field is required.	
Enter the fax number for the PD/PI.	Enter the fax number for the PD/PI.	
Enter the e-mail address for the PD/PI. This field is required.	Enter the e-mail address for the PD/PI. This field is required.	
Enter total Federal funds requested for the entire project period.	Enter total Federal funds requested for the entire project period.	
Enter total estimated funds for the entire project period, including both Federal and non-Federal funds. If using the Funds Requested Budget Component, item 16b will be the same as item 16a.	Enter total estimated funds for the entire project period, including both Federal and non-Federal funds. If using the Funds Requested Budget Component, item 16b will be the same as item 16a.	
Identify any Program Income estimated for this project period if applicable.	Identify any Program Income estimated for this project period if applicable.	

Element Count (required)	Form Name/Form Page (required)	Data Element # (required)	Name Field (required)	Field Label (required)	Field Description (required)	Data Type (required)	Required Y/N (required)	MinO (required)	MaxO (required)
67	SF424(R&R)/Page 2	SF424(R&R)-17-1	StateReviewCodeType	IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? YES.	Is Application subject to review by State Executive order 12372 process? If application is not subject to review by State Executive Order 12372 Process select reason: - Program is not covered by E.O. 12372 - Program has not been selected by state for review	LIST	Y	1	1

List Values (required if Data Type = LIST)	MinL (optional)	MaxL (required)	Business Rules (required)	Linked Element (optional)	XML Schema Field Name (optional)	Order Sequence (required)	Group Name (required)
Yes Program is not covered by E.O. 12372 Program has not been selected by state for review (Not a picklist. Each is own checkbox)	1	12	Not a picklist. Each is own checkbox Only allow one selection.		StateReviewCodeType	17.01	StateReview

Help Tip (optional)	Accessibility Text (optional)	Error Tip (optional)
<p>If yes, check box. If the announcement indicates that the program is covered under Executive Order 12372, applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372.</p> <p>If no, check appropriate box.</p>	<p>If yes, check box. If the announcement indicates that the program is covered under Executive Order 12372, applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372.</p> <p>If no, check appropriate box.</p>	

Element Count (required)	Form Name/Form Page (required)	Data Element # (required)	Name Field (required)	Field Label (required)	Field Description (required)	Data Type (required)	Required Y/N (required)	MinO (required)	MaxO (required)
68	SF424(R&R)/Page 2	SF424(R&R)-17-2	StateReviewDate	Date	Date submitted to State for review under Executive Order 12372.	DATE	N	0	1
69	SF424(R&R)/Page 2	SF424(R&R)-18-1	Agree	I Agree	"I agree" checkbox	Y/N	Y	1	1

List Values (required if Data Type = LIST)	MinL (optional)	MaxL (required)	Business Rules (required)	Linked Element (optional)	XML Schema Field Name (optional)	Order Sequence (required)	Group Name (required)
	0	DATE	Required only if StateReviewCodeType = Yes. Grayed-out until StateReviewCodeType = Yes.		StateReviewDate	17.02	StateReview
	1	3			TrustAgree	18.00	TrustAgree

Help Tip (optional)	Accessibility Text (optional)	Error Tip (optional)
If block 17a is checked, insert date application was submitted to State.	If block 17a is checked, insert date application was submitted to State.	
Check "I agree" to provide the required certifications and assurances.	Check "I agree" to provide the required certifications and assurances.	

Element Count (required)	Form Name/Form Page (required)	Data Element # (required)	Name Field (required)	Field Label (required)	Field Description (required)	Data Type (required)	Required Y/N (required)	MinO (required)	MaxO (required)
70	SF424(R&R)/Page 2	SF424(R&R)-19-1	AuthorizedRepresentative PrefixName	PREFIX (Authorized Representative)	Authorized Representative - Prefix to name	AN	N	0	1
71	SF424(R&R)/Page 2	SF424(R&R)-19-2	AuthorizedRepresentative FirstName	FIRST NAME (Authorized Representative)	First Name of authorized representative	AN	Y	1	1
72	SF424(R&R)/Page 2	SF424(R&R)-19-3	AuthorizedRepresentative MiddleName	MIDDLE NAME (Authorized Representative)	Middle Name of authorized representative	AN	N	0	1
73	SF424(R&R)/Page 2	SF424(R&R)-19-4	AuthorizedRepresentative LastName	LAST NAME (Authorized Representative)	Last Name of authorized representative	AN	Y	1	1
74	SF424(R&R)/Page 2	SF424(R&R)-19-5	AuthorizedRepresentative SuffixName	SUFFIX (Authorized Representative)	Suffix to authorized representative name	AN	N	0	1
75	SF424(R&R)/Page 2	SF424(R&R)-19-6	AuthorizedRepresentative Title	POSITION/TITLE (Authorized Representative)	Authorized representative title	AN	Y	1	1
76	SF424(R&R)/Page 2	SF424(R&R)-19-7	AuthorizedRepresentative OrganizationName	ORGANIZATION (Authorized Representative)	Name of organization for the authorized representative	AN	Y	1	1
77	SF424(R&R)/Page 2	SF424(R&R)-19-8	AuthorizedRepresentative DepartmentName	DEPARTMENT (Authorized Representative)	Name of primary organizational department, service, laboratory, or equivalent level within the organization of the authorized representative	AN	N	0	1
78	SF424(R&R)/Page 2	SF424(R&R)-19-9	AuthorizedRepresentative DivisionName	DIVISION (Authorized Representative)	Name of primary organizational division, office, or major subdivision of the authorized representative	AN	N	0	1
79	SF424(R&R)/Page 2	SF424(R&R)-19-10	AuthorizedRepresentative Street1	STREET ADDRESS LINE 1 (Authorized Representative)	Street Address of AR	AN	Y	1	1
80	SF424(R&R)/Page 2	SF424(R&R)-19-11	AuthorizedRepresentative Street2	STREET ADDRESS LINE 2 (Authorized Representative)	Street Address of AR	AN	N	0	1
81	SF424(R&R)/Page 2	SF424(R&R)-19-12	AuthorizedRepresentative City	CITY NAME (Authorized Representative)	City of AR	AN	Y	1	1
82	SF424(R&R)/Page 2	SF424(R&R)-19-13	AuthorizedRepresentative County	COUNTY NAME (Authorized Representative)	County of AR	AN	N	0	1
83	SF424(R&R)/Page 2	SF424(R&R)-19-14	AuthorizedRepresentative State	STATE CODE (Authorized Representative)	State of AR	LIST	N	0	1
84	SF424(R&R)/Page 2	SF424(R&R)-19-15	AuthorizedRepresentative ZipCode	ZIP CODE (Authorized Representative)	Zip Code of AR	AN	N	0	1
85	SF424(R&R)/Page 2	SF424(R&R)-19-16	AuthorizedRepresentative Country	COUNTRY (Authorized Representative)	Country of AR	LIST	Y	1	1

List Values (required if Data Type = LIST)	MinL (optional)	MaxL (required)	Business Rules (required)	Linked Element (optional)	XML Schema Field Name (optional)	Order Sequence (required)	Group Name (required)
Mr. Mrs., Miss, Ms.	0	10	Combo box		globLib:PrefixName	19.01	AORInfo
	1	35			globLib:FirstName	19.02	AORInfo
	0	25			globLib:MiddleName	19.03	AORInfo
	1	60			globLib:LastName	19.04	AORInfo
Jr., Sr., MD, PhD., JD	0	10	Combo box		globLib:SuffixName	19.05	AORInfo
	1	45			globLib:Title	19.06	AORInfo
	1	120	Pre-populated from applicant information. Provide overwrite capability.	SF424(R&R)-5-2	globLib:OrganizationName	15.07	AORInfo
	0	30	Pre-populated from applicant information. Provide overwrite capability.	SF424(R&R)-5-3	globLib:DepartmentName	15.08	AORInfo
	0	30	Pre-populated from applicant information. Provide overwrite capability.	SF424(R&R)-5-4	globLib:DivisionName	15.09	AORInfo
	1	55	Pre-populated from applicant information. Provide overwrite capability.	SF424(R&R)-5-5	globLib:Street1	19.07	AORInfo
	0	55	Pre-populated from applicant information. Provide overwrite capability.	SF424(R&R)-5-6	globLib:Street2	19.08	AORInfo
	1	35	Pre-populated from applicant information. Provide overwrite capability.	SF424(R&R)-5-7	globLib:City	19.09	AORInfo
	0	30	Pre-populated from applicant information. Provide overwrite capability.	SF424(R&R)-5-8	globLib:County	19.10	AORInfo
All Valid US State Codes	0	30	Combo box Required if the Country is US Pre-populated from applicant information. Provide overwrite capability.	SF424(R&R)-5-9	globLib:State	19.11	AORInfo
	0	30	Required if the Country is US Pre-populated from applicant information. Provide overwrite capability.	SF424(R&R)-5-10	globLib:Zip Code	19.12	AORInfo
ISO 3166 Country Codes. US is default.	1	3	Select Box Pre-populated from applicant information. Provide overwrite capability.	SF424(R&R)-5-11	globLib:Country	19.13	AORInfo

Help Tip (optional)	Accessibility Text (optional)	Error Tip (optional)
Enter the prefix (e.g., Mr., Mrs., Rev.) for the name of the Authorized Representative.	Enter the prefix (e.g., Mr., Mrs., Rev.) for the name of the Authorized Representative.	
Enter first (given) name of the Authorized Representative. This field is required.	Enter first (given) name of the Authorized Representative. This field is required.	
Enter the middle name of the Authorized Representative.	Enter the middle name of the Authorized Representative.	
Enter the last (family) name of the Authorized Representative. This field is required.	Enter the last (family) name of the Authorized Representative. This field is required.	
Enter the suffix (e.g., Jr, Sr, PhD) for the name of the Authorized Representative.	Enter the suffix (e.g., Jr, Sr, PhD) for the name of the Authorized Representative.	
Enter the title of the Authorized Representative.	Enter the title of the Authorized Representative.	
Enter the name of organization for the Authorized Representative	Enter the name of organization for the Authorized Representative	
Enter the name of primary organizational department, service, laboratory, or equivalent level within the organization of the Authorized Representative	Enter the name of primary organizational department, service, laboratory, or equivalent level within the organization of the Authorized Representative	
Enter the name of primary organizational division, office, or major subdivision of the Authorized Representative.	Enter the name of primary organizational division, office, or major subdivision of the Authorized Representative	
Enter first line of the street address for the Authorized Representative in the "Street1" field. This field is required.	Enter first line of the street address for the Authorized Representative in the "Street1" field. This field is required.	
Enter second line of the street address for the Authorized Representative in the "Street2" field. This field is optional.	Enter second line of the street address for the Authorized Representative in the "Street2" field. This field is optional.	
City for address of the Authorized Representative. This field is required	City for address of the Authorized Representative. This field is required	
Enter the county for address of Authorized Representative.	Enter the county for address of Authorized Representative.	
Enter the State where the Authorized Representative is located. This field is required if the Authorized Representative is located in the United States.	Enter the State where the Authorized Representative is located. This field is required if the Authorized Representative is located in the United States.	
Enter the Postal Code (e.g., ZIP code) of the Authorized Representative. This field is required if the Authorized Representative is located in the United States.	Enter the Postal Code (e.g., ZIP code) of the Authorized Representative. This field is required if the Authorized Representative is located in the United States.	
Select the country for the Authorized Representative address.	Select the country for the Authorized Representative address.	

Element Count (required)	Form Name/Form Page (required)	Data Element # (required)	Name Field (required)	Field Label (required)	Field Description (required)	Data Type (required)	Required Y/N (required)	MinO (required)	MaxO (required)
86	SF424(R&R)/Page 2	SF424(R&R)-19-17	AuthorizedRepresentative PhoneNumber	PHONE NUMBER (Authorized Representative)	Authorized representative phone number	AN	Y	1	1
87	SF424(R&R)/Page 2	SF424(R&R)-19-18	AuthorizedRepresentative FaxNumber	FAX NUMBER (Authorized Representative)	Authorized representative Fax number	AN	N	0	1
88	SF424(R&R)/Page 2	SF424(R&R)-19-19	AuthorizedRepresentative Email	EMAIL (Authorized Representative)	Authorized representative email address	AN	Y	1	1

List Values (required if Data Type = LIST)	MinL (optional)	MaxL (required)	Business Rules (required)	Linked Element (optional)	XML Schema Field Name (optional)	Order Sequence (required)	Group Name (required)
	1	25			globLib:Phone	19.14	AORInfo
	0	25			globLib:Fax	19.15	AORInfo
	1	60	Validate that an '@' exists within string.		globLib:Email	19.16	AORInfo

Help Tip (optional)	Accessibility Text (optional)	Error Tip (optional)
Enter the daytime phone number for the Authorized Representative. This field is required.	Enter the daytime phone number for the Authorized Representative. This field is required.	
Enter the fax number for the Authorized Representative.	Enter the fax number for the Authorized Representative.	
Enter the e-mail address for the Authorized Representative. This field is required.	Enter the e-mail address for the Authorized Representative. This field is required.	

Element Count (required)	Form Name/Form Page (required)	Data Element # (required)	Name Field (required)	Field Label (required)	Field Description (required)	Data Type (required)	Required Y/N (required)	MinO (required)	MaxO (required)
89	SF424(R&R)/Page 2	SF424(R&R)-19-19	AuthorizedRepresentative Signature	SIGNATURE OF AUTHORIZED REPRESENTATIVE	Authorized representative signature	AN	Y	1	1
90	SF424(R&R)/Page 2	SF424(R&R)-19-20	AuthorizedRepresentative DateSigned	DATE SIGNED (Authorized Representative)	Authorized representative signed date	DATE	Y	1	1
91	SF424(R&R)/Page 2	SF424(R&R)-20-1	Preapplication	PRE-APPLICATION		FILE	N	0	1

List Values (required if Data Type = LIST)	MinL (optional)	MaxL (required)	Business Rules (required)	Linked Element (optional)	XML Schema Field Name (optional)	Order Sequence (required)	Group Name (required)
	1	35	At submission, Grants.gov to fill in the name based on the user's login account.		globLib:SignatureDataType	19.16	AOR_Signature
	1	DATE	At submission, Grants.gov to fill in the date.		globLib:SignatureData	19.17	AOR_SignedDate
	0	FILE				20.00	PreApplicationAttachment

Help Tip (optional)	Accessibility Text (optional)	Error Tip (optional)
It is the organization's responsibility to assure that only properly authorized individuals sign in this capacity and/or submit the application to Grants.gov. If this application is submitted through Grants.gov leave blank. If a hard copy is submitted, the AOR must sign this block.	It is the organization's responsibility to assure that only properly authorized individuals sign in this capacity and/or submit the application to Grants.gov. If this application is submitted through Grants.gov leave blank. If a hard copy is submitted, the AOR must sign this block.	
If this application is submitted through Grants.gov, the system will generate this date. If submitting a hard copy, enter the date the AR signed the application.	If this application is submitted through Grants.gov, the system will generate this date. If submitting a hard copy, enter the date the AR signed the application.	
If submitting a pre-application, provide a summary description of the project in accordance with the announcement and/or agency specific instructions and attach here.	If submitting a pre-application, provide a summary description of the project in accordance with the announcement and/or agency specific instructions and attach here.	